

OCT 24 1992

BIRTH NO.

REG. DIST. NO.

PRIMARY REG. DIST. NO.

State File No.

32369

28

1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> <u>New Madrid</u> COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hartzell (Cornsburg)</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Hartzell (Cornsburg)</u> <u>1720</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Emery</u> b. (Middle) <u>Franklin</u> c. (Last) <u>Love</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 28 1952</u>	
5. SEX <u>0</u> <u>M</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>July 4 1862</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>90</u> If under 1 year: Months _____ Days _____ If under 4 hrs. Hours _____ Min. _____
11. BIRTHPLACE (State or foreign country) <u>State of Ky;</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James Love</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Foster</u>	14. NAME OF HUSBAND OR WIFE <u>deceased</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>✓</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>✓</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Raymond Love</u> ADDRESS <u>Risco Missouri</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Colon</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility</u> DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>153X</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>9-1-52</u> , to <u>9-28-52</u> , that I last saw the deceased alive on <u>9-1-52</u> , and that death occurred at <u>3:00 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J. S. Hopkins, M.D.</u> (Degree or title)		23b. ADDRESS <u>Risco, Mo.</u>	
23c. DATE SIGNED <u>10-7-52</u>			
24a. BURIAL, CREMATION, OR OTHER (Specify)		24b. DATE <u>3 Sept 30 1952</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Malden cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Malden Risco Mo.</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Dr. G. W. Husted, M.D.</u> ADDRESS <u>Watkins Fun. Co. Parma Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Walter Marsh Watkins

Licensed Embalmer No. 4717

P. O. Address Dexter, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.